

Work Order ID 92072

92072

Page 1

October-22-12 3:18:18 PM

Item ID: 647.1811

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Spacer

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12-10-22 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

647.1800

N/C

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2024.063

2-Deburr if necessary

12 0 Jm 12-11-1

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

12 0 Jm 12-11-1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 92072***92072***

Page 2

Item ID: 647.1811

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Spacer

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

ISSUE P/O: 18304

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Memo

0.00

Packaging

DAS
15
8-83

12.11.01

12

12-11-01

12/11/12 (12)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 92072***92072***

Page 3

Item ID: 647.1811

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Revision ID:

Item Name: Spacer

Stop ***NS2***

Start Date: 22/10/2012 Start Qty: 12.00

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Cust Item ID:

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	QC5- Inspect part completeness to step on W/O	0.00							
160									
QC	Memo	0.00				12			DAS 05 9-83 12-11-07
Quality Control									
170		0.00							
170									
SprayPaint	Memo	0.00				12	0	0	12-11-12
Spray Painting	PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH: <u>122543</u>								
180	QC14- Inspect Spray Paint	0.00							
180									
QC	Memo	0.00							DAS 16 9-83 12-11-06
Quality Control						12			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
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Work Order ID 92072

92072

Page 4

October-22-12 3:18:18 PM

Item ID: 647.1811

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Spacer

Start Date: 22/10/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date: QC: Date: SPC (Y/N): Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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190 Identify as per dwg & Stock Location: 8-439 0.00

190

Packaging

Memo

0.00

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

12x

12-12-6

200

QC21- Final Inspection - Work Order Release

0.00

200

QC

Memo

0.00

Quality Control

12/12/12

12-6-12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ _____
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Picklist Print

October-22-12 3:18:22 PM

Page 1

Work Order ID: 92072

92072

Parent Item: 647.1811

647 1811

Parent Item Name: Spacer

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased	No			110	sf	40.4700	0.0252	0.3183 16			

M2024T3S 063

2024-T3 .063 sheet

**

0.4

Jun 12-11-1

Location

Loc Qty

Loc Code

MAT022

40.47

119916

0.1

121197

16.32

123096

24.05

123096

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

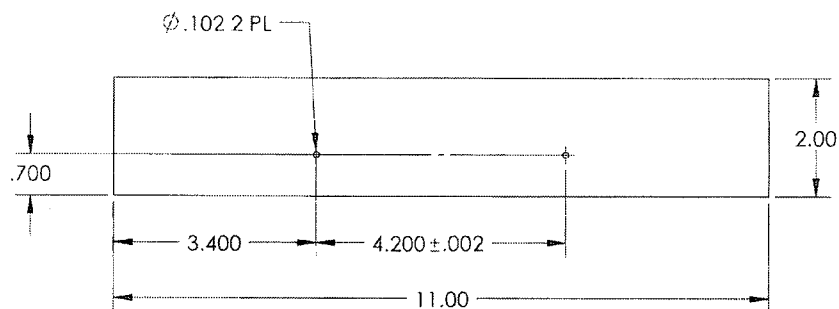
Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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THE WRITTEN PERMISSION OF APICAL INDUSTRIES & ENGINEERING

REV	DATE	BY	CHK
1	12-10-22	MLJ	
2			
3			
4			
5			
6			
7			
8			

NOTES:

- 1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120



647.1810

SHOP
REFERENCE
ENGINEERING
UNCONTROLLED
SUBJECT TO CHANGE

WITHOUT NOTICE
WORK ORDER
NO 92072 MLJ

12-10-22

QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
		647.1818	NOSE DOOR SPACER	▲	▲
		647.1817	SUPPORT, RH	▲	▲
		647.1816	SUPPORT, LH	▲	▲
		647.1815	GUSSET, RH	▲	▲
		647.1814	GUSSET, LH	▲	▲
		647.1813	ANGLE	▲	▲
		647.1812	SHIM	▲	▲
		647.1811	SPACER	▲	▲
		647.1810	NOSE DOOR DOUBLER	▲	▲

QTY	NEXT ASSY (S)	OPTIONAL DATE	SECTION	PARTS LIST
647.1300		12-10-22	3	APICAL INDUSTRIES
				2608 TEMPLE HEIGHTS DR.
				OCEANSIDE, CA. 92056-3512 (760)724-5300
				SHEETMETAL
				SCALE: NONE
				SHEET 1 OF 7

ALL DIMENSIONS ARE TO THE CENTER LINE UNLESS OTHERWISE NOTED.
 ALL DIMENSIONS ARE TO THE CENTER LINE UNLESS OTHERWISE NOTED.
 ALL DIMENSIONS ARE TO THE CENTER LINE UNLESS OTHERWISE NOTED.

.25 X 45.0°
 4 PL

1.00

3.63

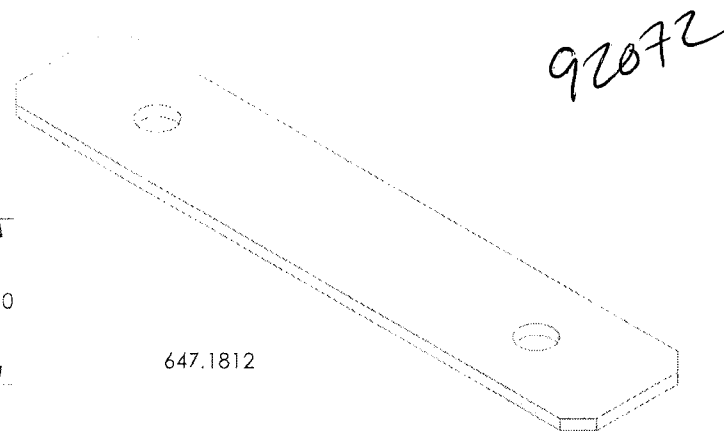
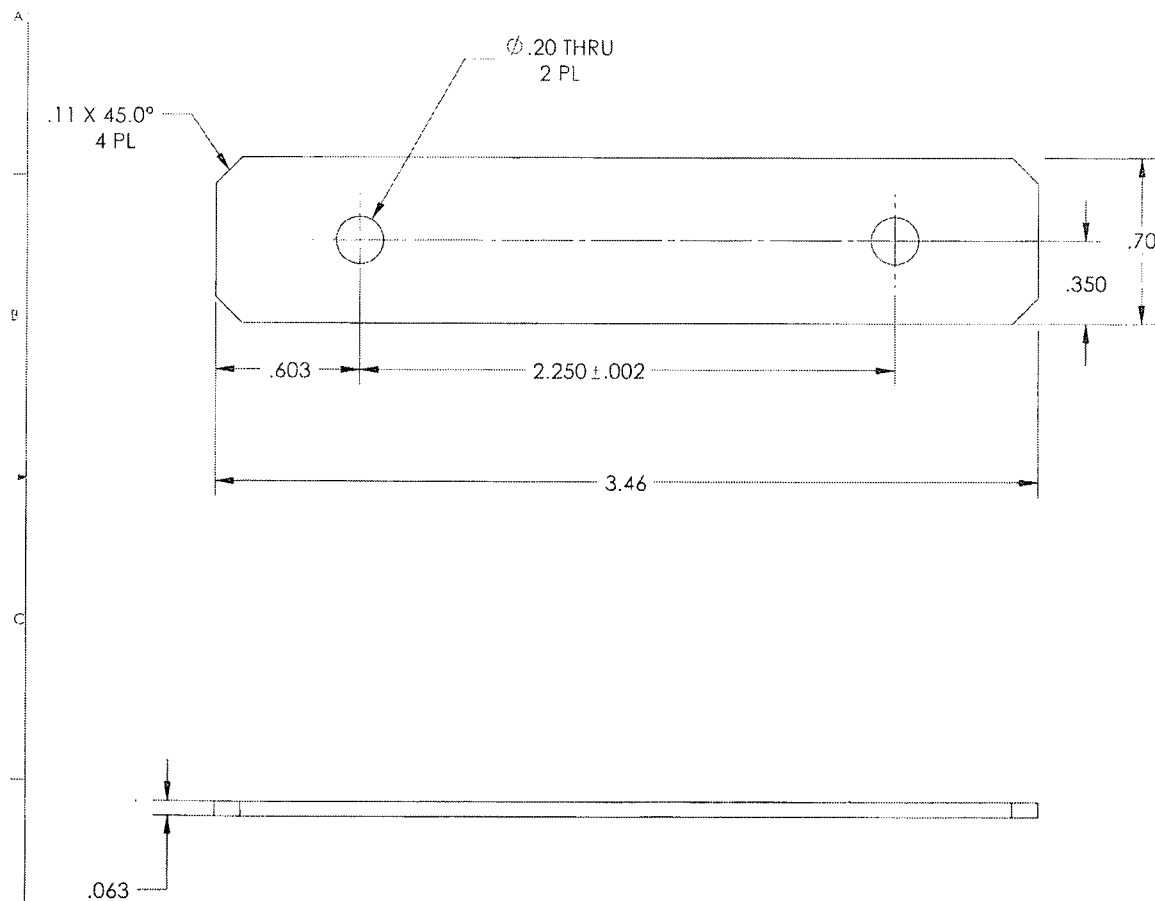
.063

92072

647.1811

ORIGINAL DATE 08-01-99		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWN BY J. CHAMBERLAIN	CHECKED P. HANCOCK	SHEETMETAL	
DRAWING APPROVAL IF BRAYED CONTRACTING		SHEET B	REV. N/C
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .005 ANGLES ± .1°		SCALE: NONE	SHEET 2 OF 7

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES
 ALL DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED
 ALL DIMENSIONS ARE TO CENTER UNLESS OTHERWISE SPECIFIED



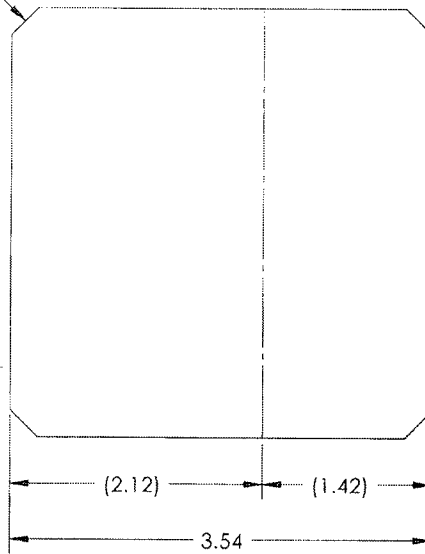
92072

APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEETMETAL	
DATE: 07/26/06	REV: N/C
SCALE: NONE	SHEET: 3 OF 7

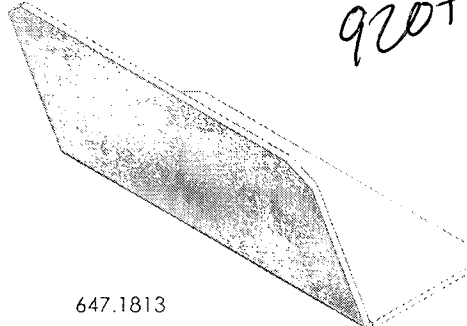
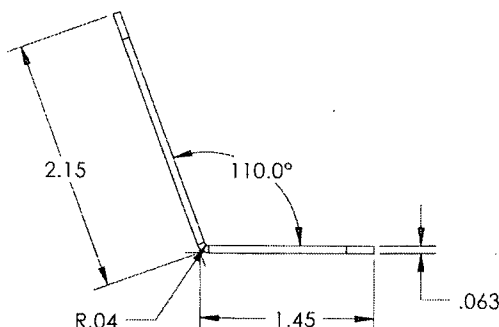
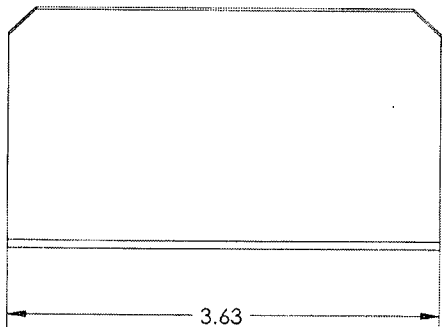
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92072

.23 X 45.0°
4 PL



FLAT PATTERN



647.1813

ORIGINAL DATE
DESIGNER
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DATE
APPROVED BY
DATE
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APICAL INDUSTRIES
2408 TEMPLE HEIGHTS DR
OCEANSIDE, CA. 92056-3512 (760) 724-5300

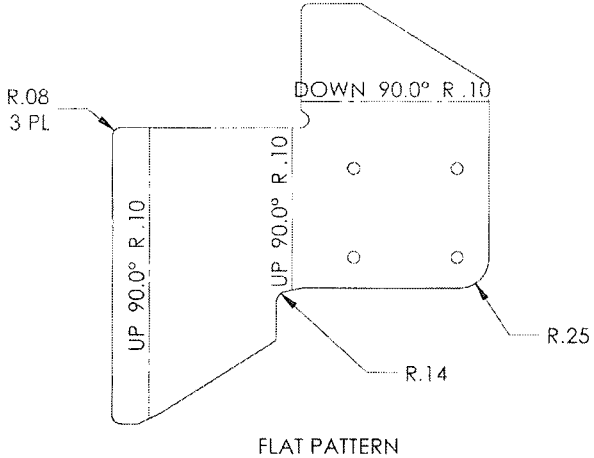
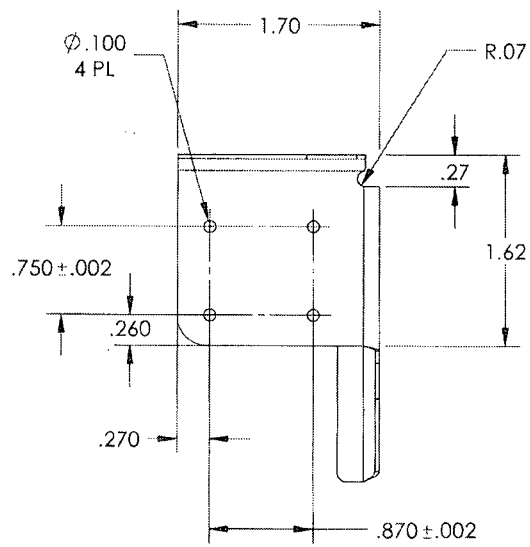
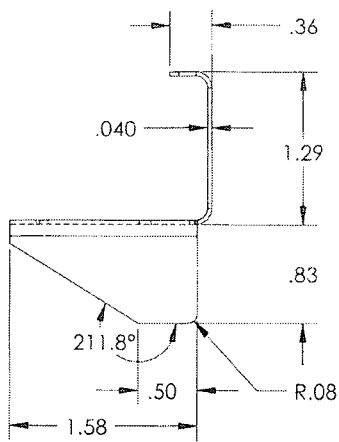
SHEETMETAL

UNLESS OTHERWISE SPECIFIED
DIMENSIONS ARE IN INCHES
FRACTIONS ARE TO BE USED
3 PLACE DECIMALS FOR
ANGLES & SLOPES

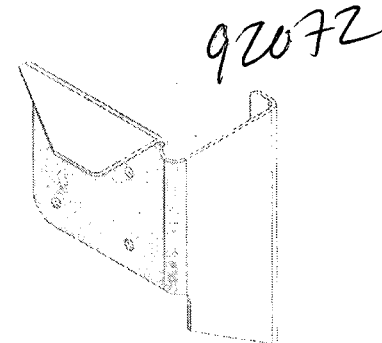
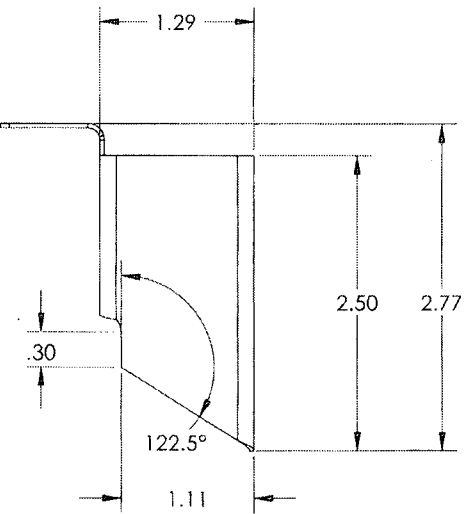
WE	CAGE CODE	DWG. NO.	REV.
B	07M16	647.1800	14/C

SCALE: NONE SHEET 4 OF 7

ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECIFIED. THE QUALITY OF THE FABRICATED PARTS SHALL BE THE RESPONSIBILITY OF THE FABRICATOR. THE FABRICATOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE PARTS FROM DAMAGE DURING FABRICATION AND DELIVERY.



FLAT PATTERN

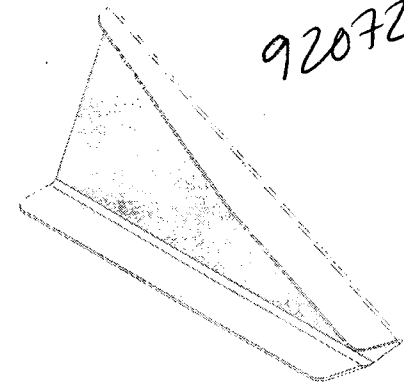
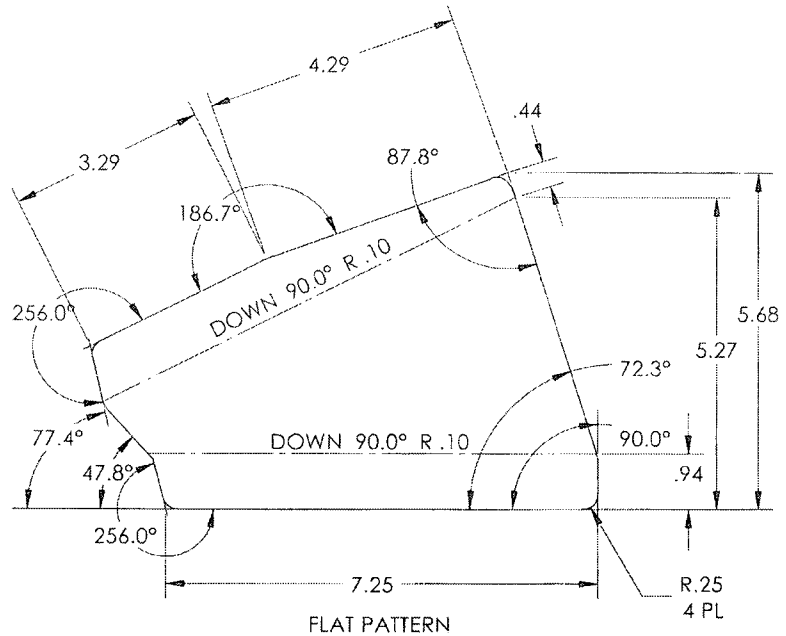
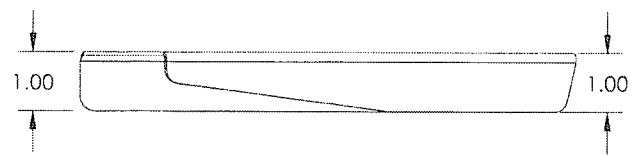


647.1814 SHOWN
647.1815 OPPOSITE

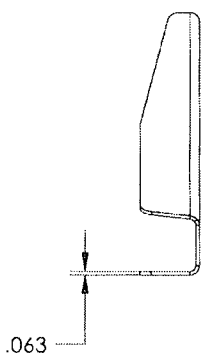
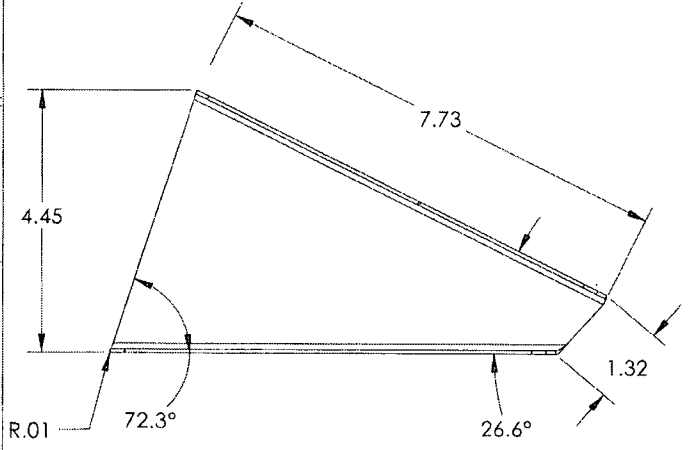
EXTERNAL DATE (DATE OF ORDER) 06-07-07		APICAL INDUSTRIES 2638 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
DRAWN BY J. GARDNER	CHECKED BY J. BRADY	SHEETMETAL	
DRAWING APPROVAL J. BRADY	CONTRACT NO.	SHEET CODE B	PART NO. 647.1800
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE .001 FRACTIONS ARE 1/16 ANGLES ARE IN DEGREES	SCALE: NONE	SHEET 5 OF 7	REV. N/C

FOR INFORMATION ATTACHED TO THE DRAWING IS THE NAME OF THE
 THE COMPANY HAS BEEN ADVISED THAT THE NAME OF THE COMPANY
 THE COMPANY HAS BEEN ADVISED THAT THE NAME OF THE COMPANY

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647.1816 SHOWN
 647.1817 OPPOSITE



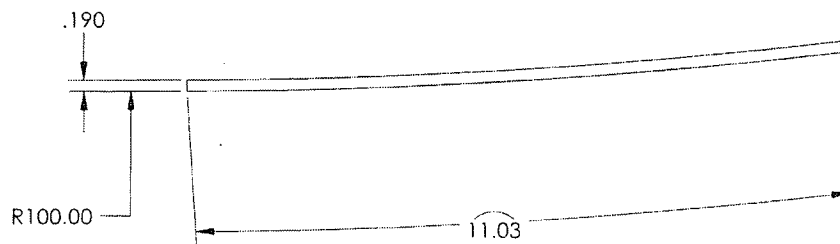
(UNLESS OTHERWISE SPECIFIED) DIMENSIONS ARE IN INCHES DECIMALS ARE TO THREE PLACES FRACTIONS ARE TO SIXTEENTHS HOLE SIZES ARE TO THIRTEENTHS UNLESS OTHERWISE SPECIFIED		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
SHEETMETAL		647.1800	
SCALE: NONE		SHEET 6 OF 7	

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647.1818



ORIGINAL DATE		APICAL INDUSTRIES	
DESIGNED BY	CHECKED BY	2608 TEMPLE HEIGHTS DR.	
DESIGNED BY	CHECKED BY	OCEANSIDE, CA 92056-3512 (760) 724-5300	
DESIGNED BY		SHEETMETAL	
DESIGNED BY		SCALE: NONE	
DESIGNED BY		SHEET 7 OF 7	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62027

Date: 05-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 10 PCS 646.9813 10 PCS 646.9811 10 PCS 646.9812 10 PCS 646.9812 2 PCS 646.9811 15 PCS 646.4711 15 PCS 647.4716 15 PCS 647.4712 15 PCS 647.4717 15 PCS 647.4714 15 PCS 647.4715 15 PCS 647.4718 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120674	Rev:	Line: PO: PO18153
1 lot	Part: ASST 7 PCS 647.1810 14 PCS 647.1811 91 PCS 647.1812 2 PCS 647.1612 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120673	Rev:	Line: PO: PO18304
Certificate of Conformance			



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

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DART AEROSPACE LTD
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HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
	DATE: <u>5/12/12</u>	
	CERTIFIED SIGNATURE: <u>[Signature]</u>	
	RECEIVER SIGNATURE: _____	